

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000074478

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: ADVENTURE SATTELITE TV SALES & SERVICE, INC.

**Current Principal Place of Business:**

4443 CR218W  
SUITE 105  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

4443 CR218W  
SUITE 105  
MIDDLEBURG, FL 32068

**New Mailing Address:**

FEI Number: 37-1469551      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BLOOMER, GEORGE M III  
4429 CR 218 WEST  
MIDDLEBURG, FL 32068      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: JONES, JONATHAN L  
Address: 3214 RYANS CT.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP      ( ) Delete  
Name: JONES, AMY M  
Address: 3214 RYANS COURT  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: JONES, JONATHAN L  
Address: 2529 ROYAL POINTE DR.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VP      (X) Change ( ) Addition  
Name: JONES, AMY M  
Address: 2529 ROYAL POINTE DR.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY M. JONES

VP

01/13/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date